



BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
4949 BROADWAY
P.O. BOX 903417
SACRAMENTO, CA 94203-4170
Public: (916) 227-3823

APPLICANT SUBMITTING AGENCY REQUEST TO CHANGE:

- ☐ Agency Name
- ☐ Agency Address
- ☐ Change Fax Number to Electronic SMSS for Applicant Response
- ☐ Contact Person / Phone Number

OLD INFORMATION

Agency Name: _____

Agency Address: _____

Response Fax Number: _____

Contact Person: _____

CURRENT (NEW) INFORMATION

Agency Name: _____

Agency Address: _____

Mail Code Number: _____

Contact Person: _____
Telephone #: _____

REQUESTOR INFORMATION:

Name: _____
Signature: _____
Date: _____
Telephone Number: _____

Agency Name: _____
AORI: _____ Mail Code: _____
Billing Number: _____
Your Projection for Monthly Submissions: ____

Mail or fax this form to:

Department of Justice
Applicant Processing Program
P.O. Box 903417
Sacramento, CA 94203-4170

Fax number: (916) 227-2000

FOR DOJ USE ONLY:

- ___ Update authorized Agency List
- ___ Update ORI Tables
- ___ Update RDU Mailing Labels
- ___ Notify Record Security
- ___ Notify Field Operations
- ___ Notify Accounting